PTO/SB/01 (10-00)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 ČFR 1.16 (e)) required)

Att rney Dock t Number			A070 US				
First Named Inventor	-	Browning					
COMPLE	TE IF	KNOWN					
Application Number							
Filing Date		•					
Group Art Unit			•				
Examiner Name							

As a below named inventor, I he	reby declare that:								
My residence, mailing address, an	d citizenship are as sta	ted below next to my na	ıme.						
I believe I am the original, first and names are listed below) of the sub	sole inventor (if only or ject matter which is cla	ne name is listed below imed and for which a pa) or an original, firs stent is sought on t	t and joint inventor (if plural ne invention entitled:					
BAFF, Inhibitors Thereof and	Their Use in the Mo	odulation of B-Cell R	Response						
(Title of the Invention)									
the specification of which									
is attached hereto		ac I Inited S	States Application N	Number or PCT International					
was filed on (MM/DD/YYYY)		as Officed (States Application i						
Application Number	and was a	 amended on (MM/DD/Y`	m [(if applicable).					
I hereby state that I have reviewer amended by any amendment spe	d and understand the c	ontents of the above ide	•	n, including the claims, as					
•	e information which is n	naterial to patentability a	as defined in 37 CF ing date of the prio	R 1.56, including for continuation- r application and the national or					
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	nternational application also identified below.	n which designated at le by checking the box.	east one country of any foreign applic	ther than the United States of ation for patent or inventor's					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby daim the benefit under	35 U.S.C. 119(e) of an	y United States provision	onal application(s)	listed below.					
Application Number(s)	Filing Dat	te (MM/DD/YYYY)	Addition	al provisional application					
60/117,169		/25/1999	numbers	are listed on a					
60/143,228	07	//09/1999		ental priority data sheet /02B attached hereto.					

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer No or Bar Code				OR X	Correspondence addre	ess below		
Name Timothy P. Linkkila								
Address BIOGEN, INC.	- 127			<u>.</u>	·			
Address 14 Cambridge Center			· · · · · · · · · · · · · · · · · · ·					
City Cambridge			State	MA	ZIP 02142	*****		
Country	Telephone	(617	7) 679-3′	795	Fax (617) 679-	2838		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:			A petiti	on has been fil	ed for this unsigne	ed inventor		
Given Name Jeffrey (first and middle [if any])	Given Name Jeffrey Family Name Browning							
Inventor's Signature	<u>~</u>		<u> </u>		Date			
Residence: City Brookline		State 1	MA	Country 02146	Citizenship	US		
Mailing Address 32 Milton Road								
Mailing Address								
City Brookline State	MA		ZIP	02146	Country	US		
NAME OF SECOND INVENTOR:			A petiti	on has been fil	ed for this unsigne	ed inventor		
Given Name Christine (first and middle [if any])			Family I		Ambrose			
Inventor's Signature Chrolin (Ind.)	brose				Date			
Residence: City		State	MA	Country US	Citizenship	US		
Mailing Address 197 Wakefield Street								
Mailing Address								
City Reading State	MA		ZIP	01867	Country	US		
Additional inventors are being named on the	_supplement	tal Additio	•	tor(s) sheet(s) PT	D/SB/02A attached he	reto		



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PTO/SB/02A (3-97)
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

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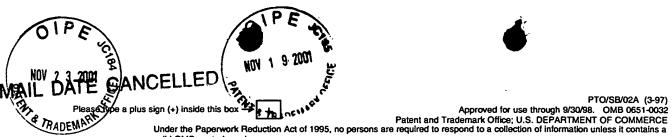
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CANCECLABATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

7									•	
Name of Addition	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								entor	
Given Nar	me (first and middle (if any])				Family Nar	ne or S	Sumame		
Fabienne				MacKay						
Inventor's Signature								Date		
Residence: City	Vaucluse	State			Country	AU		Citizens	hip	AU
Post Office Address	1 Belah Gardens, Vaucluse NSW 2030									
Post Office Address							-			
City	Vaucluse	State			ZIP	2030	Countr	у	ΑL	T
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for th	is unsigr	ned inv	entor
Given Nar	me (first and middle [if any	1)			Family Name or Surname					
	Jurg			Tschopp					İ	
Inventor's Signature	2.1	محرك	190		Date C			Och 31,20		
Residence: City	Epalinges	State			Country	СН		Citize	nship	СН
Post Office Address	10, chemin des Fontai	nins, CH	-1066							
Post Office Address					·					
City	Epalinges	State			ZIP	CH1066	Cou	ntry	(СН
Name of Addition	nal Joint Inventor, if a	ıy:			A petitio	n has been file	d for th	nis unsigi	ned inv	entor
Given Na	me (first and middle [if any	7))				Family Nar	ne or	Sumame		
	Pascal					Sch	neide	r		
Inventor's Signature								Da	ite	
Residence: City	Epalinges	State			Country	СН		Citize	nship	СН
Post Office Address	University of Lausan	ne, CH-1	066							
Post Office Address										
City	Epalinges	State			ZIP	CH1066		Country		СН



valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	n has been file	d for thi	s unsigr	ned inv	entor
Given Na	me (first and middle (if any)))				Family Na	ne or S	umame		
Fabienne				MacKay						
Inventor's Signature										
Residence: City	Vaucluse	State	,		Country	AU		Citizens	hip	AU
Post Office Address	1 Belah Gardens, Vaud	cluse N	ISW 203	30					•	
Post Office Address										
City	Vaucluse	State			ZIP	2030	Country	,	Αl	J
Name of Addition	of Additional Joint Inventor, if any:									
Given Na	Given Name (first and middle [if any]) Family Name or Surname									
	Jurg			Tschopp						
Inventor's Signature		···-						Da	te	
Residence: City	Epalinges	State			Country	СН		Citize	nship	СН
Post Office Address	10, chemin des Fontan	nins, C	H-1066							
Post Office Address				-				<u> </u>		
City	Epalinges	Stat	В		ZIP	CH1066	Coun	try	(СН
Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	n has been file	d for thi	s unsigr	ned inv	entor
Given Nar	me (first and middle [if any]])				Family Na	ne or S	umame		
	Pascal				Schneider					
Inventor's Signature	C. Jihner	d						Da	te	10/31/2001
Residence: City	Epalinges	State			Country	CH		Citize	nship	СН
Post Office Address	University of Lausann	ne, CH	-1066			<u>-</u>				
Post Office Address										
City	Epalinges	State			ZIP	CH1066	C	ountry		СН

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		Attorney D cke			A070 US
DECLARATION FO		First Named Inv	ventor		Browning
PATENT APPL		cc	MPLETE II	KNOWN	
(37 CFR ⁻	1.63)	Application Num	nber		
☐ Declaration ☐	7 Declaration	Filing Date			
Submitted OR	 Declaration Submitted after Initial Filing (surcharge 	Group Art Unit			
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name	,		
My residence, mailing address, a I believe I am the original, first an	nd citizenship are as stated d sole inventor (if only one bject matter which is claim d Their Use in the Mod	name is listed below) on the decision of B-Cell Re	or an original ent is sought	first and join	nt inventor (if pl lion entitled:
My residence, mailing address, a believe I am the original, first an names are listed below) of the su	nd citizenship are as stated d sole inventor (if only one bject matter which is claim d Their Use in the Mod	name is listed below) on and for which a pate	or an original ent is sought	first and join	nt inventor (if pl tion entitled:
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believe I am the original, first an ames are listed below) of the su BAFF, Inhibitors Thereof are the specification of which is attached hereto OR was filed on (MM/DD/YYYY Application Number Inhereby state that I have review amended by any amendment specifications, material info	and citizenship are as stated d sole inventor (if only one bject matter which is claim d Their Use in the Mod (Tittle) and was amed and understand the conecifically referred to above se information which became ava e continuation-in-part applinternational application we also identified below, by also identified below, by also identified below.	as United St. ended on (MM/DD/YY) tents of the above iden terial to patentability as silable between the filingication. 9(a)-(d) or 365(b) of any checking the box, are considered at leady of the considered at	or an original, ent is sought sponse ates Applicate tified specific defined in 37 g date of the stone country foreign appropriate to y foreign app	on the invent	or PCT Internat (if applicating the claims, and the nature of the claims or patent or investigation and the state of the United State of the content or investigation and the state of the united State of th

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY) 01/25/1999 60/117,169 60/143,228 07/09/1999

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION — Utility or Design Patent Application

		-						
Firect all correspondence to:	Customer Nun r Bar Code Li				OR X	Correspondence address below		
Name Timothy P. Lin	kkila							
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City Cambridge				State	MA	ZIP 02142		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INV	FNTOR :			A petit	tion has been fi	led for this unsigned inventor		
NAME OF SOLE OR FIRST INVENTOR: Given Name Jeffrey (first and middle [if any]) Family Name or Surname Browning								
Inventor's Signature			•			Date		
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Mailing Address 32 Milton I	Road							
Mailing Address								
City Brookline	State	MA		ZIP	02146	US Country		
NAME OF SECOND INVENTOR	•			A peti	tion has been f	led for this unsigned inventor		
Given Name Christine (first and middle [if any])	1			Family or Sur		Ambrose		
Inventor's Signature						Date		
Reading Reading			State	MA	Country US			
Mailing Address 197 Wakefield Str	reet		,		,	1		
Mailing Address	· · · · · · · · · · · · · · · · · · ·							
City Reading	State	MA		ZIP	01867	Country US		
Additional inventors are being named		suppleme	ntal Addition	nal Inve	ntor(s) sheet(s) PT	O/SB/02A attached hereto.		

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Given Na	me (first and middle (if any])				Family Na	me or	Sumame		
Fabienne				MacKay						
Inventor's Signature					<u>-</u>			Date		
Residence: City	Vaucluse	State			Country	AU		Citizens	hip	AU
Post Office Address	1 Belah Gardens, Vau	cluse NS	SW 203	0						
Post Office Address										
City	Vaucluse	State			ZIP	2030	Countr	у	ΑÜ	J
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Given Na	me (first and middle [if any])				Family Na	ne or	Surname		
	Jurg			Tschopp						
Inventor's Signature								Da	te	
Residence: City	Epalinges	State			Country	СН		Citize	nship	СН
Post Office Address	10, chemin des Fontar	nins, CH	-1066							
Post Office Address										
City	Epalinges	State			ZIP	CH1066	Cou	ntry	(CH
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Given Nar	me (first and middle [if any])				Family Na	ne or	Sumame		
<u> </u>	Pascal					Scl	nneide	r		
Inventor's Signature			•					Da	te	
Residence: City	Epalinges	State			Country	СН		Citize	nship	СН
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Post Office Address										
City	Epalinges	State			ZIP	CH1066	,	Country		СН